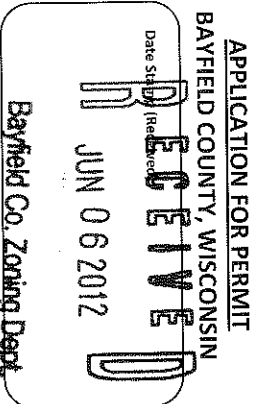


SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138



Permit #:	12-0000
Date:	6-27-12
Amount Paid:	\$75.00 RDS
Refund:	6/6/12

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Mark Collins</u>	Mailing Address: <u>6936 Oakmere Lane NW Rochester, MN</u>	City/State/Zip: <u>55901</u>	Telephone: <u>507 280-4036</u>
Address of Property: <u>47105 Twin Pines Lane</u>	City/State/Zip: <u>Cable, WI 54831</u>	Contractor Phone: <u>794-2126</u>	Cell Phone: <u>794-3332</u>
Contractor: <u>Bill Walsh</u>	Plumber: _____	Agent Mailing Address (include City/State/Zip): _____	Plumber Phone: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: _____	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PROJECT LOCATION: <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement) <u>04-031-2-44-06-29-4 00-14-05000</u>	PIN: (23 digits)	Recorded Document: (i.e. Property Ownership) Volume <u>1067</u> Page(s) <u>121</u>
Gov't Lot <u>6</u>	Lot(s) <u>6</u>	CSM	Vol & Page
Lot(s) <u>6</u>	CSM	Vol & Page	Lot(s) No. Block(s) No.
Section <u>29</u> , Township <u>44</u> N, Range <u>6</u> W	Town of: <u>Grand View</u>	Subdivision: <u>Diamond Lake</u>	Lot Size <u>1.145</u>

<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: _____ feet	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes---continue <input checked="" type="checkbox"/> If yes---continue <input type="checkbox"/>		Distance Structure is from Shoreline: _____ feet	Distance Structure is from Shoreline: _____ feet	

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$6,000	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Cat V</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	() X ()	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/>	() X ()	
<input type="checkbox"/> with Loft	<input type="checkbox"/>	() X ()	
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> with a Porch	() X ()	
<input type="checkbox"/> with (2 nd) Porch	<input type="checkbox"/>	() X ()	
<input type="checkbox"/> with a Deck	<input type="checkbox"/>	() X ()	
<input type="checkbox"/> with (2 nd) Deck	<input type="checkbox"/>	() X ()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	() X ()	
<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	<input type="checkbox"/>	() X ()	
<input type="checkbox"/> Mobile Home (manufactured date)	<input type="checkbox"/>	() X ()	
<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>Saveg. trees under deck</u>	<input type="checkbox"/>	() X ()	
<input type="checkbox"/> Accessory Building (specify)	<input type="checkbox"/>	() X ()	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input type="checkbox"/>	() X ()	
<input type="checkbox"/> Special Use: (explain)	<input type="checkbox"/>	() X ()	
<input type="checkbox"/> Conditional Use: (explain)	<input type="checkbox"/>	() X ()	
<input type="checkbox"/> Other: (explain)	<input type="checkbox"/>	() X ()	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Mark Collins
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____
Date 6/11/12

Rec'd for Issuance: _____
Date JUN 27 2012
If you recently purchased the property send your Recorded Deed

Secretarial Staff

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement ☒
Attach

(1) Show location of:	Proposed Construction
(2) Show / Indicate:	North (N) on Plot Plan
(3) Show location of (*):	(*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show:	All Existing Structures on your Property
(5) Show:	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*):	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*):	(*) Wetlands; or (*) Slopes over 20%

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	280+ Feet	Setback from the Lake (ordinary high-water mark)	17 Feet
Setback from the Established Right-of-Way	370+ Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	170+ Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	80+ Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	N/A Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	N/A Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	40' Feet	Setback to Well	Feet
Setback to Drain Field	43' Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be either previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the structure previously survived, came to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the corner previously surveyed, at the owner's expense.

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not Begun. For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Code of Building Ordinances. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 12-0225	# of bedrooms: 4	Sanitary Date: 1-21-12
Permit Denied (Date):		Reason for Denial:		
Permit #: 12-0220	Permit Date: 6-27-10			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous lots) <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	Mitigation Required Mitigation Attached	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Non-conforming structure 17' from OHW M.				
Date of inspection: 6-1-12	Inspected by: M. Funtal	Zoning District: (R-1) Lakes Classification: (1)	Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
Signature of Inspector: M. Funtal				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input checked="" type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>
Date of Approval: 6-11-12				